

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 13, 2010
Secretary of State

DOCUMENT# N96000002693

Entity Name: HUMAN SERVICES COALITION OF DADE COUNTY, INC.**Current Principal Place of Business:**1900 BISCAYNE BLVD
200
MIAMI, FL 33132**New Principal Place of Business:****Current Mailing Address:**1900 BISCAYNE BLVD
200
MIAMI, FL 33132**New Mailing Address:****FEI Number:** 65-0690368 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEVINE, DANIELLA
860 JERONIMO DRIVE
CORAL GABLES, FL 33146 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** C
Name: RALEY, CLAIRE CHAIR
Address: 1032 CATALOUNIA AVE
City-St-Zip: MIAMI, FL 33134**Title:** P
Name: LEVINE, DANIELLA S PRES
Address: 860 JERONIMO DRIVE
City-St-Zip: MIAMI, FL 33133**Title:** S
Name: BRASWELL, JR, MARCUS D LAWYER
Address: 3919 SW 58 CT
City-St-Zip: MIAMI, FL 33155**Title:** T
Name: GANCEDO, JOSE TREAS
Address: 2883 WEST 2ND AVE
City-St-Zip: HIALEAH, FL 33010**Title:** VP
Name: THURSTON, MAXINE VP
Address: 1175 NE 125 STREET #614
City-St-Zip: MIAMI, FL 33139

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIELLA LEVINE

PRES

05/13/2010

Electronic Signature of Signing Officer or Director

Date